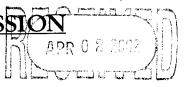
## ARIZONA CORPORATION COMMISSION UTILITIES DIVISION



Director of Utilities

ANNUAL REPORT MAILING LABEL – MAKE CHANGES AS NECESSARY



W-02474A SHANGRI-LA II RESORT 46834 N. SHANGRI-LA RD. NEW RIVER AZ 85027-0000

### ANNUAL REPORT

FOR YEAR ENDING

12 31 2001

FOR COMMISSION USE

ANN04 01

Processed by: 4/3/02 C n

SCANNED

#### **COMPANY INFORMATION**

Mailing Address Street (Street) AZ 85087    NEW RIVER AZ 85087   City) (State) (Zip)   L23 - Y65 - 1959   L23 Y65 5200     Telephone No. (Include Area Code)   Fax No. (Include Area Code)   Pager/Cell No. (Include Area Code)   Email Address   H0857 @ SHAPCR/LARANCH Com   Local Office Mailing Address   SAME NS ABOVE (Street)   (Zip)     (City)   (State)   (Zip)     Local Office Telephone No. (Include Area Code)   Fax No. (Include Area Code)   Pager/Cell No. (Include Area Code)     Email Address   MANAGEMENT INFORMATION     Management Contact:   H0857   KEAUS (Name)   (Title)     SAME NS ABOVE (City)   (State)   (Zip)     Telephone No. (Include Area Code)   Fax No. (Include Area Code)   Pager/Cell No. (Include Area Code)     Email Address   City   (State)   (Zip)     Telephone No. (Include Area Code)   Fax No. (Include Area Code)   Pager/Cell No. (Include Area Code)     Email Address   City   (State)   (Zip)     Telephone No. (Include Area Code)   Fax No. (Include Area Code)   Pager/Cell No. (Include Area Code)     City   (State)   (Zip)     City   (State)   (Zip)     City   (State)   (Zip)	Company Name (Business Name) K	RAUS INVESTMENTS	L.c. DBA SHANGRI	-LA WATER WORL
Telephone No. (Include Area Code)  Email Address Horst @ Shanca Ranch Com  Local Office Mailing Address  (Street)  (City)  (City)  (State)  (State)  (State)  (Annual Address  MANAGEMENT INFORMATION  Management Contact: Horst Reaction (Name)  (Street)  (City)  (City)  (State)  (City)  (State)  (Title)  Same As a Roue  (State)  (City)  (City)  (City)  (City)  (State)  (City)  (State)  (Annual Address  (Name)  (Title)  Same As a Roue  (State)  (City)  (State)  (State)  (City)  (City)  (State)  (City)  (City)  (State)  (City)  (State)  (City)  (	Mailing Address 44444 N. SH	ANGRI-LA LN		
C23 - Y65 - 5 G S   C23 Y65 S G O	NFW RIVER (Street)	AZ	8508	7
Email Address Horst @ SHANGRILARANCH.com  Local Office Mailing Address SAME AS ABOUE  (City) (State) (Zip)  Local Office Telephone No. (Include Area Code) Fax No. (Include Area Code) Pager/Cell No. (Include Area Code)  Email Address  MANAGEMENT INFORMATION  Management Contact: Horst Kraus  (Name) (State) (Zip)  Telephone No. (Include Area Code) Fax No. (Include Area Code) Pager/Cell No. (Include Area Code)  Email Address  On Site Manager: Horst Kraus  (Name) Same As About	(City)	(State)	(Zip	)
Email Address Hors? @ SHANGRILARANCH.Com  Local Office Mailing Address  (City)  (City)  (City)  (State)  (State)  (Zip)  Local Office Telephone No. (Include Area Code)  Email Address  MANAGEMENT INFORMATION  Management Contact: Hors? Kraus (Name)  (Street)  (State)  (State	623-465-5959	623 465 5900		
Cotate   Cotate   Cotate   Cotate   Cotate   Cotate	Telephone No. (Include Area Code)	Fax No. (Include Area Code)	Pager/Cell No. (In	clude Area Code)
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Local Office Telephone No. (Include Area Code)   Fax No. (Include Area Code)   Pager/Cell No. (Include Area Code)	Local Office Mailing Address(S	SAME AS ABOUE		
MANAGEMENT INFORMATION  Management Contact: HORST KEAUS (Name) (Title)  SAME AS ABOUE (Street) (City) (State) (Zip)  Telephone No. (Include Area Code) Fax No. (Include Area Code) Pager/Cell No. (Include Area Code Email Address (Name) (Name) (SAME AS ABOUE (Name) (SAME AS ABOUE (Name) (SAME AS ABOUE (Name) (Name) (SAME AS ABOUE (Name) (Name) (SAME AS ABOUE (Name)	(City)	(State)	(Zip)	
MANAGEMENT INFORMATION  Management Contact: HORST KRAUS  (Name) (Title)  SAME AS AROVE  (Street) (City) (State) (Zip)  Telephone No. (Include Area Code) Fax No. (Include Area Code) Pager/Cell No. (Include Area Code  Email Address  On Site Manager: KRAUS  (Name)  SAME AS AROVE	Local Office Telephone No. (Include Area Code)	Fax No. (Include Area Code)	Pager/Cell No	. (Include Area Code)
Management Contact: HORST KRAUS  (Name) (Title)  SAME AS ABOVE  (Street) (City) (State) (Zip)  Telephone No. (Include Area Code) Fax No. (Include Area Code) Pager/Cell No. (Include Area Code)  Email Address  On Site Manager: HORST KRAUS  (Name)  SAME AS ABOVE	Email Address			
SAME AS ABOVE  (Street)  (City)  (State)  (State)  (Zip)  Telephone No. (Include Area Code)  Fax No. (Include Area Code)  Pager/Cell No. (Include Area Code)  Email Address  On Site Manager:  (Name)  SAME AS ABOVE	Management Contact: Horsz	KRAUS (Name)	(Titl	e)
Telephone No. (Include Area Code)  Fax No. (Include Area Code)  Pager/Cell No. (Include Area Code)  Email Address  On Site Manager:  (Name)  SAME ALABOVE			(1	<b>C</b> )
On Site Manager: HORST KRAUS  (Name)  SAME AS AS OVE	(Street)	(City)	(State)	(Zip)
On Site Manager: HORST KRAUS (Name)  SAME AS ASOVE	Telephone No. (Include Area Code)	Fax No. (Include Area Code)	Pager/Cell No. (Inc	elude Area Code)
(Name)  SAME AS ASOVE	Email Address			
SAME AS ABOVE	On Site Manager: Hoz	ST KRAUS		
			(State)	(Zip)
Telephone No. (Include Area Code) Fax No. (Include Area Code) Pager/Cell No. (Include Area Code)	Telephone No. (Include Area Code)	Fax No. (Include Area Code)	Pager/Cell No. (Inch	ude Area Code)
Email Address	Email Address			

Statutory Agent: Hoes	(Name)		
	,		
(Street)	SAME AS A BOUR (City)	(State)	(Zip)
	Fax No. (Include Area Code	Pager/Cell No. (	Include Area Code)
Telephone No. (Include Area Code)	`	ragencen No. ()	melade Area Code)
Attorney:	NO A770RNRY (Name)		
(Street)	(City)	(State)	(Zip)
Telephone No. (Include Area Code)	Fax No. (Include Area Code)	Pager/Cell No. (Ir	nclude Area Code)
<u>C</u>	OWNERSHIP INFORMATIO	<u>N</u>	
Check the following box that applies	to your company:		
Sole Proprietor (S)	C Corporation (C	) (Other than Ass	ociation/Co-op)
Partnership (P)	Subchapter S Cor	poration (Z)	
☐ Bankruptcy (B)	Association/Co op	) (A)	
Receivership (R)	\(\overline{\sqrt{Limited Liability}}\)	Company	
Other (Describe)			
	COUNTIES SERVED		
Check the box below for the county/i	es in which you are certificated to pro	ovide service:	
<b>П</b> АРАСНЕ	☐ COCHISE		ONINO
☐ GILA	☐ GRAHAM	☐ GREE	ENLEE
☐ LA PAZ	MARICOPA	□ мон	AVE
☐ NAVAJO	☐ PIMA	☐ PINA	L
☐ SANTA CRUZ	☐ YAVAPAI	☐ YUM	A
☐ STATEWIDE			

#### UTILITY PLANT IN SERVICE

Acct. No.	DESCRIPTION	Original Cost (OC)	Accumulated Depreciation (AD)	O.C.L.D. (OC less AD)
301	Organization	UNKNOWN	Ø	0
302	Franchises	NONE	<b>^</b>	Δ
303	Land and Land Rights	NOT APPLICABL		
304	Structures and Improvements	UNKNEWN		
307	Wells and Springs	UNKNOWN		
311	Pumping Equipment	UNKNOWN		
320	Water Treatment Equipment	UNKNOWN		
330	Distribution Reservoirs and Standpipes	UNKNOWN		
331	Transmission and Distribution Mains	N-A		
333	Services	N-A		
334	Meters and Meter Installations	N-A		
335	Hydrants	NONE		
336	Backflow Prevention Devices	PIR GAPS ONLY		
339	Other Plant and Misc. Equipment	NA		
340	Office Furniture and Equipment	NA		
341	Transportation Equipment	NA		
343	Tools, Shop and Garage Equipment	NA		
344	Laboratory Equipment	NONE		
345	Power Operated Equipment	NONE		
346	Communication Equipment	NONE		
347	Miscellaneous Equipment			
348	Other Tangible Plant	NONE	V	V
	TOTALS	0	0	0

This amount goes on the Balance Sheet Acct. No. 108

#### CALCULATION OF DEPRECIATION EXPENSE FOR CURRENT YEAR

Acct. No.	DESCRIPTION	Original Cost (1)	Depreciation Percentage (2)	Depreciation Expense (1x2)
301	Organization			1
302	Franchises			
303	Land and Land Rights			
304	Structures and Improvements			
307	Wells and Springs			
311	Pumping Equipment			
320	Water Treatment Equipment			
330	Distribution Reservoirs and Standpipes			
331	Transmission and Distribution Mains			
333	Services			
334	Meters and Meter Installations		4/	
335	Hydrants		⟨⟨¬⟩	
336	Backflow Prevention Devices			
339	Other Plant and Misc. Equipment			
340	Office Furniture and Equipment	6		
341	Transportation Equipment	<b>%</b> /	-	
343	Tools, Shop and Garage Equipment	٨/		-
344	Laboratory Equipment	70		
345	Power Operated Equipment	7		
346	Communication Equipment			
347	Miscellaneous Equipment			,
348	Other Tangible Plant			
	TOTALS	6		

This amount goes on Comparative Statement of Income and Expense Acct. No. 403.

#### **BALANCE SHEET**

Acct. No.		BALANCE AT BEGINNING OF	BALANCE AT END OF
	ASSETS	YEAR	YEAR
	CURRENT AND ACCRUED ASSETS		170 170 170 170 170 170 170 170 170 170
131	Cash	\$	\$
134	Working Funds	φ	0
135	Temporary Cash Investments		
141	Customer Accounts Receivable		
146	Notes/Receivables from Associated Companies		
151	Plant Material and Supplies		
162	Prepayments		
174	Miscellaneous Current and Accrued Assets		2
	TOTAL CURRENT AND ACCRUED ASSETS	\$ 3640	\$ 77
	FIXED ASSETS	216	
101	Utility Plant in Service	\$	\$
103	Property Held for Future Use		N
105	Construction Work in Progress	5	3
108	Accumulated Depreciation – Utility Plant		
121	Non-Utility Property		
122	Accumulated Depreciation – Non Utility		
	TOTAL FIXED ASSETS	\$	\$
	TOTAL ASSETS	\$	\$ 0

NOTE: The Assets on this page should be equal to Total Liabilities and Capital on the following page.

#### **BALANCE SHEET (CONTINUED)**

Acct. No.	LIABILITIES	BALANO BEGINNI YEA	NG OF	BALANCE AT END OF YEAR	
	OURDENT LIABILITES	0			
	CURRENT LIABILITES			\$	<del>-</del> 9
231	Accounts Payable	\$		D	
232	Notes Payable (Current Portion)				
234	Notes/Accounts Payable to Associated Companies				
235	Customer Deposits			AU	
236	Accrued Taxes				
237	Accrued Interest		- acros		
241	Miscellaneous Current and Accrued Liabilities			Φ.	
	TOTAL CURRENT LIABILITIES	\$		\$	
	LONG-TERM DEBT (Over 12 Months)	9		\$ 3	4
224	Long-Term Notes and Bonds	\$ 4		\$ 3	
				X	<u> </u>
	DEFERRED CREDITS	\$		9	7
251	Unamortized Premium on Debt	\$ 2		\$	)
252	Advances in Aid of Construction			4	
255	Accumulated Deferred Investment Tax Credits	7	· · · · · · · · ·		
271	Contributions in Aid of Construction	0		200	
272	Less: Amortization of Contributions		<u></u>	2	
281	Accumulated Deferred Income Tax				
	TOTAL DEFERRED CREDITS	\$		\$	
	TOTAL LIABILITIES	\$		\$	
	CAPITAL ACCOUNTS				
201	Common Stock Issued	\$		\$	
211	Paid in Capital in Excess of Par Value				
215	Retained Earnings				
218	Proprietary Capital (Sole Props and Partnerships)				
	TOTAL CAPITAL	\$ ,		\$	
		V			
		6		4	6
	TOTAL LIABILITIES AND CAPITAL	<b>\$</b>		\$	

#### COMPARATIVE STATEMENT OF INCOME AND EXPENSE

Acct.	OPERATING REVENUES	PRIOR YEAR	CURRENT YEAR
No.			
461	Metered Water Revenue	\$ 0	\$ 0
460	Unmetered Water Revenue		
474	Other Water Revenues		
	TOTAL REVENUES	\$	\$
	OPERATING EXPENSES		
601	Salaries and Wages	\$	\$
610	Purchased Water		
615	Purchased Power		
618	Chemicals		
620	Repairs and Maintenance		
621	Office Supplies and Expense		
630	Outside Services		
635	Water Testing		
641	Rents	27	3
650	Transportation Expenses	8	
657	Insurance – General Liability	3	2
659	Insurance - Health and Life	3	3
666	Regulatory Commission Expense – Rate Case	2	1
675	Miscellaneous Expense	4	2
403	Depreciation Expense		4
408	Taxes Other Than Income	1	
408.11	Property Taxes	0	1
409	Income Tax		5
	TOTAL OPERATING EXPENSES	\$	\$
	OTHER INCOME/EXPENSE		
419	Interest and Dividend Income	\$	\$
421	Non-Utility Income		
426	Miscellaneous Non-Utility Expenses		
427	Interest Expense		
	TOTAL OTHER INCOME/EXP	\$	\$
	NET INCOME/(LOSS)	\$	\$

#### SUPPLEMENTAL FINANCIAL DATA Long-Term Debt

	LOAN #1	LOAN #2	LOAN #3	LOAN #4
				7
Date Issued				
Source of Loan				
ACC Decision No.				
Reason for Loan			5	
Dollar Amount Issued	\$	s Lope	\$	\$
Amount Outstanding	\$	\$ 00	\$	\$
Date of Maturity				
Interest Rate				
Current Year Interest	\$	\$	\$	\$
Current Year Principle	<b>B</b>	\$	\$	\$

Meter Deposit Balance at Test Year End	\$
Meter Deposits Refunded During the Test Year	\$

#### WATER COMPANY PLANT DESCRIPTION

#### **WELLS**

ADWR ID Number	Pump Horsepower	Pump Yield (Gpm)	Casing Size (inches)	Meter Size (inches)
800-892	1/2	C	6	3/4
800 - 893	5	13	5+4	3/4
600 - 894	3	13	6	3/4
800-895	1/4	4	6	3/4

#### **OTHER WATER SOURCES**

Name or Description	Capacity (gpm)	Gallons Purchased or Obtained (in thousands)
NONE	٥	0

#### TOTAL GALLONS PUMPED (NOT SOLD) THIS YEAR (thous.) = \_\_\_\_\_

BOOSTER PUMPS		FIRE HYDRANTS	
Horsepower	Quantity	Quantity Standard	Quantity Other
3	1		
11/2	1		

STORAGE TANKS		PRESSURE TANKS		
Capacity	Quantity	Capacity	Quantity	
20.000	1	SOGM	4	
15.000	1			

#### STATISTICAL INFORMATION

Total number of customers	ONE,	OURSELVES	
Total number of gallons sold		NONE	gallons

## COMPANY NAME KRAUS INVEST MENTS L.C. DB4 SHANGRI YEAR ENDING 12/31/2001

#### **INCOME TAXES**

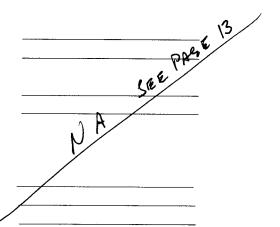
For this reporting period, provide the following:

Federal Taxable Income Reported Estimated or Actual Federal Tax Liability

State Taxable Income Reported Estimated or Actual State Tax Liability

Amount of Grossed-Up Contributions/Advances:

Amount of Contributions/Advances Amount of Gross-Up Tax Collected Total Grossed-Up Contributions/Advances



Decision No. 55774 states, in part, that the utility will refund any excess gross-up funds collected at the close of the tax year when tax returns are completed. Pursuant to this Decision, if gross-up tax refunds are due to any Payer or if any gross-up tax refunds have already been made, attach the following information by Payer: name and amount of contribution/advance, the amount of gross-up tax collected, the amount of refund due to each Payer, and the date the Utility expects to make or has made the refund to the Payer.

#### CERTIFICATION

The undersigned hereby certifies that the Utility has refunded to Payers all gross-up tax refunds reported in the prior year's annual report. This certification is to be signed by the President or Chief Executive Officer, if a corporation; the managing general partner, if a partnership; the managing member, if a limited liability company or the sole proprietor, if a sole proprietorship.

PRINTED NAME TITLE

COMPANY NAME KAWS INVESTUENTS L.C. DAG SHANGEN LA RESORT YEAR ENDING 12/31/2001

WATER AND SEWER UTILITIES ONLY

#### **PROPERTY TAXES**

Indicate the amount of actual property taxes paid during this reporting period (Calendar Year 2001)

S NONE (SAR PORCOW)

Attach to this annual report proof (e.g. property tax bills stamped "paid in full" or copies of cancelled Checks for property tax payments) of any and all property taxes paid during the calendar year.

If no property taxes paid, explain reasons below:

SHANGRI-LA WATELWORKS IS AN INTEGRAL PART OF SHANGRI-LA

RANCH. THIS UTILITY COMPANY DORS NOT SELL TO THE PUBLIC.

17 ONLY SERVES ITSELF. IT DOES NOT SELL WATER TO

ANY ON Z.

## VERIFICATION AND SWORN STATEMENT Intrastate Revenues Only

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VERIFICATION

STATE OF ARIZONA

I, THE UNDERSIGNED

OF THE

NAME (OWNER OR OFFICIAL) TITLE
HORS? KRAVS

COMPANY NAME

DO SAY THAT THIS ANNUAL UTILITY REPORT TO THE ARIZONA COPRORATION COMMISSION

FOR THE YEAR ENDING

MONTH DAY YEAR
12 31 2001

HAS BEEN PREPARED UNDER MY DIRECTION, FROM THE ORIGINAL BOOKS, PAPERS AND RECORDS OF SAID UTILITY; THAT I HAVE CAREFULLY EXAMINED THE SAME, AND DECLARE THE SAME TO BE A COMPLETE AND CORRECT STATEMENT OF BUSINESS AND AFFAIRS OF SAID UTILITY FOR THE PERIOD COVERED BY THIS REPORT IN RESPECT TO EACH AND EVERY MATTER AND THING SET FORTH, TO THE BEST OF MY KNOWLEDGE, INFORMATION AND BELIEF.

KRAUS INVRSTMENTS L.C.

#### **SWORN STATEMENT**

IN ACCORDANCE WITH THE REQUIREMENT OF TITLE 40, ARTICLE 8, SECTION 40-401, ARIZONA REVISED STATUTES, IT IS HEREIN REPORTED THAT THE GROSS OPERATING REVENUE OF SAID UTILITY DERIVED FROM <u>ARIZONA INTRASTATE</u> UTILITY OPERATIONS DURING CALENDAR YEAR 2001 WAS:

(THE AMOUNT IN BOX ABOVE INCLUDES \$\_\_\_\_\_\_ IN SALES TAXES BILLED, OR COLLECTED

\*\*REVENUE REPORTED ON THIS PAGE MUST INCLUDE SALES TAXES BILLED OR COLLECTED. IF FOR ANY OTHER REASON, THE REVENUE REPORTED ABOVE DOES NOT AGREE WITH TOTAL OPERATING REVENUES ELSEWHERE REPORTED, ATTACH THOSE STATEMENTS THAT RECONCILE THE DIFFERENCE. (EXPLAIN IN DETAIL)

SUBSCRIBED AND SWORN TO BEFORE ME

A NOTARY PUBLIC IN AND FOR THE COUNTY OF

THIS JOY DAY OF

Gisela Kraus
(Sinatary Public-Arizona / Sinatary Public-Arizona / Sinatary Public-Arizona / Sinatary Public-Arizona / Sinatary Public Arizona / Sina

SIGNATURE OF OWNER OR OFFICIAL
623 - 465 - 49 58

TELEPHONE NUMBER

MONTH Mari Copq

MONTH Marih 2002

Girely Krays

SIGNATURE OF NOTARY PUBLIC

# VERIFICATION AND SWORN STATEMENT RESIDENTIAL REVENUE INTRASTATE REVENUES ONLY



**VERIFICATION** 

STATE OF ARIZONA

I, THE UNDERSIGNED

OF THE

(COUNTY NAME) MARICO PA		Director of Chices
NAME (OWNER OR OFFICIAL)  HORST KRAUS	TITLE	PRZEIDENT
COMPANY NAME		

DO SAY THAT THIS ANNUAL UTILITY REPORT TO THE ARIZONA CORPORATION COMMISSION

FOR THE YEAR ENDING

MONTH DAY YEAR
12 31 2001

HAS BEEN PREPARED UNDER MY DIRECTION, FROM THE ORIGINAL BOOKS, PAPERS AND RECORDS OF SAID UTILITY; THAT I HAVE CAREFULLY EXAMINED THE SAME, AND DECLARE THE SAME TO BE A COMPLETE AND CORRECT STATEMENT OF BUSINESS AND AFFAIRS OF SAID UTILITY FOR THE PERIOD COVERED BY THIS REPORT IN RESPECT TO EACH AND EVERY MATTER AND THING SET FORTH, TO THE BEST OF MY KNOWLEDGE, INFORMATION AND BELIEF.

#### **SWORN STATEMENT**

IN ACCORDANCE WITH THE REQUIREMENTS OF TITLE 40, ARTICLE 8, SECTION 40-401.01, ARIZONA REVISED STATUTES, IT IS HEREIN REPORTED THAT THE GROSS OPERATING REVENUE OF SAID UTILITY DERIVED FROM <u>ARIZONA INTRASTATE UTILITY OPERATIONS</u> RECEIVED FROM RESIDENTIAL CUSTOMERS DURING CALENDAR YEAR 2001 WAS:

ARIZONA INTRASTATE GROSS OPERATING REVENUES	(THE AMOUNT IN BOX AT LEFT INCLUDES \$ NONE.		
\$ NONE	IN SALES TAXES BILLED, OR COLLECTED		

\*RESIDENTIAL REVENUE REPORTED ON THIS PAGE MUST INCLUDE SALES TAXES BILLED.

X SIGNATURE OF OWNER OR OFFICIAL

SUBSCRIBED AND SWORN TO BEFORE ME

A NOTARY PUBLIC IN AND FOR THE COUNTY OF

NOTARY PUBLIC NAME
OF I'S CLO Wraus

COUNTY NAME
MONTH Mariy

2002

"OFFICIAL SEAL"
Gisela Kraus
Notary Public-Arizona
(SEMAHOOPA County
My Commission Expires 4/7/2005
MY COMMISSION EXPIRES

4/7/2005

**DAY OF** 

X Gireles Viraus
SIGNATURE OF NOTARY PUBLIC